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ABSTRACT

Professionals who work with developmentally disabled Hispanic clients must enhance their own ability to work with ethnic minorities and become thoroughly familiar with the culture of the people they serve. To encourage disabled Hispanic individuals to apply for services, agencies can employ strategies such as bilingual capability, use of interpreters, staff training in cultural sensitivity, and the use of the extended family system to resolve conflicts. Service providers must keep in mind that Hispanic subcultures in the United States have limited access to resources and therefore must create cultural mechanisms different from their wealthier counterparts, if they are to survive at all. Professionals must take language differences into account in their assessment and intervention techniques, understanding that a language barrier can seriously affect the accuracy of a client's assessment and give rise to inappropriate interventions. It is important to understand the deep sense of family obligation felt by Hispanics. The family must care for its own, and this responsibility should not be passed on to strangers (institutions). The responsibility to care for the disabled person falls to each family member. (JHZ)

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TREATMENT STRATEGIES FOR HISPANIC DEVELOPMENTALLY DISABLED CLIENTS

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History

The recent rapid growth of the Hispanic or Latino population inside the United States has generated many controversies among Hispanics and non-Hispanics. Many descendents of European immigrants see them as unwelcome competitors in the work place. Since the 16th Century Hispanics have reside in what is now the Southwest and Southeast of the United States. Spanish cultural elements includes the Spanish language, the Roman Catholic religion, particular personal, family and community values. The economic strength of the English speaking inhabitants of the eastern half of what is now the United States led them to believe that the United States should expand from one sea to the other. This resulted in their successful conquest of Florida in the early 19th Century, Mexico in 1847, and Cuba and Puerto Rico in 1898.

To understand why there are so many Hispanics in the United States today, the historical background must be kept in mind: Latinos have either been the victims of direct Anglo - American occupation of their land, or they have been driven out by significant political and economic tranformation of their places of orgin. Whether reacting to political dislocation (Cubans and Central Americans), or attracted by the favorable wage scales, employment and investment opportunities of the United States, (Mexicans and Puerto Rican), most Hispanics have migrated as a response to declining socioeconomic opportunities at home.

The large Hispanic migration was a response to:

1) The 1950-59 increase in Puerto Rican unemployment
2) The negative effect of the 1959 Cuban revolution on the economic opportunities of the middle and upper classes
3) The political context of Central America, beginning with the guerilla wars of the 1960's.
4) The declining economic circumstances of Mexico in the face of recent large-scale agriculture, demographic increases.

Most Mexican, Dominican, and Puerto Rican migrants came to the United States because of direct economic factors. They arrived here with only agricultural skills or low-level, semi-industrial skills. Their subcultures in the United States have reflected this working class. More recently, these same national groups have suffered in their native lands from the over supply of technical and professional personnel, and from a decline in purchasing power. The result has been migrants who bring with them advanced skills and a middle-class cultural orientation.

On the other hand, a middle and upper-class culture has predominated, where Cubans, who left the island after the Revolution of 1959, have concentrated. Most of these immigrants would have preferred to stay in their countries of origin, where they enjoyed the power and privileges of the ruling sector. Their communities, as a consequence of the "forced" nature of their migration have tended to be enclosed, and little connected to the other Hispanic minorities.

Most Guatemalas Indians who came between 1970-85 are refugees; their lives were in peril in their country. The same may be said of Salvadorean peasants whose lives were threatened by the government in El Salvador.

Therefore, we see that there is a variety of reasons for migration and several subcultures in the United States.

Hispanic Subcultures are not equivalent to the "Culture of Poverty". The Hispanic subcultures are as varied as their geographic, generational, and racial deversity suggests. There is no one Hispanic Culture, and any attempt to reduce the constantly changing plurality of Hispanic cultures to a singular, unadaptive static one is bond to result in false and misleading stereotypes.

Acculturation and Assimilation

The dominant Culture in this country has exhibited a rigid attitude toward Hispanics: an insistance on total acculturation; everyone should speak English and look and act in predictable ways. However, Hispanic groups exhibit a significant resistance to acculturation and seem less eager to assimilate than their European counterparts. (The ease with which Dominicans, Puerto Ricans, Mexicans can return to their countries, permits the cultural roots of their communities to be constantly reaffirmed). The need to survive socially, physically, and economically, might lead immigrants to modify their beliefs and behaviors in order to improve their opportunities. However, whenever possible, retention of the old takes place even in the face of the adoption of the new.

Within the Hispanic Culture, the Spanish language has played an important social and survival function. It has promoted a sense of belonging to the group; a sense of identity. Language is viewed as a symbol that provides cohesion and unity to the group. Language is one of the most powerful transmitter of culture. It is a part of own's self identity. Linguistic identification and affirmation have been coping mechanisms to ease internal stress in Hispanic individuals.

Mental Health Services

It has been said that Hispanic individuals use Mental Health facilities at much lower rates than the rest of the population. Too frequently, these services have not been afordable, or culturally attractive. Underutilization of available services could be the result of language barriers and different cultural values.

1) lack of bilingual and bicultural staff
2) insensitivity of staff to Hispanic cultural values
3) inaccessiblility of services

It is important to be aware of cultural diversity factors.

Client's Values

There are significant differences in the ways cultural groups define problems, and how they utilize systems available to deal with problems. The

individual client must be viewed from a point that incorporates the client's values, family structure and community structure. Membership in an ethnic minority affects the kinds of problems people develop and how they go about coping with these problems. For example, Hispanic people might not consider it appropriate to discuss intimate family matters with helping professionals. Culture is part of a client's social world. It influences norms, values, feelings, attitudes, behaviors, and belief systems. It also structures and influences social networks, natural helper systems and communtiy agencies that are responsible for the provision of services. Knowledge of the client's culture, social class, occupation, language proficiency, education, time and reason for immigration, and degree of acculturation to this country are part of the client's cultural matrix and are important in the helping process. Workers have an obligation to seek knowledge about the client's culture, in order to better understand them. This can be done by:

- reviewing the litterature
- talking to staff who are familiar with the client's culture
- talking with other members of the same ethnic group

The culture of a client not only exerts an influence on the perception and labeling of problems, but also shapes treatment expectations and problems solutions. Discrepancies between a client's culturally determined expectations and those of the worker may lead the client to discontinue service.

Therapist's Values

When a therapist sees a client, he brings with him his own values. He brings his personal standards on which his judgements are based. If the therapist is seeing a client who beliefs in folk medicine (Puerto Ricans), and the worker assumes that beliefs in spirits and herbal remedies are part of an illogical belief system, and if he conveys this to the client for whom these beliefs are normative, additional barriers to service deliver are created. The education of helath care professionals is not complete if ethnicity is excluded. Counselors need to recognize that there are differences in values and beliefs held by minority individuals. They should try not to reshape the individual, but to accept and clarify the client's values and improve the individual within the scheme of the person's own values. It is important for the Hispanic clients to develop their own thinking in context with their lifestyle and culture; however, the counselor should also provide clients with new information about the environment (community resources) in order to facilitate the adaptation process.

Trust

We have to develope TRUST, when working with hispanic clients. It might take a long time to develop a trusting relationship. We can develop TRUST by:

a) advocating for the client

b) providing support

c) "being there"

Knowledge of certain cultural values can help facilitate any rapport development. Using the therapist's name rather than the formal title can

also facilitate the establishment of rapport.

Empathy, respect, and understanding are crucial variables in the counseling relationship.

Hispanics must feel that they can trust a person before they are willing to share personal information. Therefore, efforts must be made to facilitate the development of rapport between counselor and client.

Finances

Hispanics are a population in need. The majority of them face important problems such as poor housing, poor nutrition, poor health, high unemployment rates, and school drop-outs.

Some people say that these problems, encountered by Hispanics, are due to external characteristics of this group, such as cultural and linguistic factors that create barriers to entry into the mainstream of American Life. External and internal factors (self-concept) may play a part in the development of coping patterns.

Because of these problems, serving the needs of this socioeconomic limited community, is a challenge that must be met with intelligence and understanding.

Prejudice and Ignorance from School Systems relegate low-income students to the lowest academic ability tracks, where less is demanded, and less is achieved. In some states, we still find Hispanic students placed in classes for the Mentally Retarded. If we add the overuse of grade retention among Hispanics, it is easy to see why alienated Hispanic students drop out at high rates. Also poverty is the case of drop-outs; also, the lack of role models to imitate (parents usually lack formal education).

Developmental Disability

Definition

Chapter six (6) of Michigan's Mental Health Code defines a "developmental disability" as: An impairment of general intellectual functioning or adaptive behavior which

- has continued since its origination or can be expected to continue indefinitely
- constitutes a substancial burden to the impaired person's ability to perform normally in society
- is attributable to one or more of the following:
  a) Mental Retardation, Cerebral Palsy, Epilepsy, or Autism
  b) any other condition of a person found to be closely related to Mental Retardation because it produces a similar impairment or requires treatment and services similar to those required for a person who is Mentally Retarded
  c) Dyslexia, resulting from a condition described in a) or b).

In the case of Mental Retardation, the diagnosis requires a Complete Psychological Evaluation (if the client is Hispanic then the Evaluation should be in Spanish. And there are not enough bilingual bicultural Psychologists). If the evaluation is not given in the client's dominant language, the results might be bias.

How do Hispanic families perceive a Developmentally Disabled member ?

- fatalism
- needs of individual supersedes the needs of the group
- extended family " Informal Helping Network". In times of stress and crisis. The Chicano family has been described as an extended aid - mechanism that functions as a source of enduring emotional support for family members.

The Hispanic world view is a "traditional" one: Traditional societies have the following beliefs:

1) The Universe was created by a supernatural force (God is in control of our lives)
2) The individual should be identified with his family, religion, racial group
3) Authority is determined in terms of age, birth order, sex, position in the family

Treatment Strategies

Once we know the history of the population we work with, and their values (strong family ties; concern for children; religious beliefs) then we can talk about treatment strategies.

I. Agencies should provide Non-Traditional Services

* culturally sensitive (values)
* spanish speaking staff
* home visits
* family approach
* multiproblem approach

- We have to take into account the extended family as resources in developing a treatment plan
- We have to consider the use of materials in spanish, or the use of translators and interpreters.
- With most Hispanics, the therapist interventions need to be task and goal oriented. Clients do not think that long term therapy will be effective.
- The consideration of cultural orientation toward time should also guide professional judgement and decision making. Crisis intervention and short-term treatment agree more with the Hispanic "present" time

orientation, which is different from the "future" time orientation of United States Society.

II. Resources/Referrals

Recently immigrated Hispanics are not knowledgeable about social agencies and are not used to using agency services for personal or social problems. There should be networking and coordination of community reosources. If we refer the client to another agency, we have to:

a) select the appropriate community resource.

b) arrange for the client's utilization of that community resource

c) support the client's utilization of the community resource

Careful study must be done to identify resources that have cultural sensitivity. Visits to the resources can help determine the appropriateness of that Agency. Referrals to agencies which demonstrate a sensitivity to cross-cultural factors will insure successful outcomes.

Recommendations

In working with Hispanic Developmentally Disabled Clients:

1) Counselors must begin to focus on strategies to enhance their own skills in working with ethnic minorities. It is their responsibility to become familiar with the culture of the people they serve.

2) Strategies to attract disabled, hispanic clients to apply for services are: bilingual capability, use of interpreters, staff training in cultural sensitivity, and the use of extended family system to resolve conflicts.

3) The Counselor has to have some knowledge and understanding of the style of life, values, culture, and attitudes related to this ethnic group.

4) We have to keep in mind that Hispanic subcultures in the United States have limited access to resources; therefore, they must create cultural mechanisms different from their wealthier counterparts, if they are to survive at all.

5) We have to understand the effect of the language barrier on the therapeutic process. Professionals have failed to understand and integrate language into their assessment and intervention techniques. A language barrier can seriously affect the accuracy of a client's assessment, giving rise to inappropriate interventions.

6) We have to understand the supportive nature of the Informal Helping Network, as opposed to identifying family involvement as a "problem".

7) Hispanic families have a deep sense of family obligation. The family must care for its own, and this responsibility should not be passed on to strangers (institutions). Each family member is expected to care for the Developmentally Disabled person. The responsibility falls to all members.

8) We have to promote culture-sensitive changes in Agencies' policies and procedures.

9) Workers have to modify their perception of and responses to the Hispanic client. They should become more culturally sensitive and aware.